Grace Lutheran Church Foundation

Project
Request for Reimbursement

Date: _____

Person(s) to be reimbursed: _____ Phone: _____

Address: _____

Project: _____

Item Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Additional information if any: _____

_____

_____

_____

Please attach receipts.
Place completed form with receipts in the Foundation box in the Church office.
Thank you.

_____
Signature

Revised August 2016